

# CURRICULUM REPORT TEMPLATE

**NB: This Curriculum Report is to be compiled by the QP. This report requires the utilisation of a QCTO Curriculum Document Template and is submitted to the QCTO within 10 working days after the Curriculum Document is finalised.**

## QCTO approved application details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OCCUPATION |  | OFO CODE |  | SPECIALISATION |  |

## Curriculum Specifications Development Meeting details:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE |  | VENUE |  | TIME |  |

## Details of qualification in development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | QUALIFICATION TYPE | QUALIFICATION TITLE  | NQF LEVEL | CREDITS  |
| 1. |  |  |  |  |

## Details of part qualification in development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | QUALIFICATION TYPE | QUALIFICATION TITLE | NQF LEVEL | CREDITS  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

## Details of skills programme in development:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | QUALIFICATION TYPE | QUALIFICATION TITLE | NQF LEVEL | CREDITS  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

## Working Group (WG) Members participation in Curriculum Specifications Development:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NO | WORKING GROUP (WG) MEMBER DETAILS (NAME AND SURNAME) | CLASSIFICATION | COMPONENT:KM: KNOWLEDGE/ THEORYPM: PRACTICAL SKILLSWM: WORK EXPERIENCE  | WG MEMBER INVITED TO MEETING *YES/NO* | WG MEMBER ATTENDED THE MEETING *YES/NO* |
| 1. |  | WORKPLACE PRACTITIONER |  |  |  |
| 2. |  | PROFESSIONAL BODY/ NON-STATUTORY BODY |  |  |  |
| 3. |  | REGULATORY/STATUTORY BODY |  |  |  |
| 4. |  | EMPLOYER ASSOCIATION |  |  |  |
| 5.  |  | EMPLOYEE ASSOCIATION/LABOUR UNION  |  |  |  |
| 6. |  | EDUCATION/TRAINING PROVIDER (PUBLIC) |  |  |  |
| 7. |  | EDUCATION/TRAINING PROVIDER (PRIVATE) |  |  |  |
| 8.  |  | ASSESSMENT SPECIALIST (EXAMINER/ MODERATOR WITH EXPERIENCE) |  |  |  |
| 9. |  | CURRICULUM DEVELOPMENT SPECIALIST |  |  |  |
| 10. |  | TEACHING AND LEARNING SPECIALIST  |  |  |  |
| 11. |  | COUNCIL ON HIGHER EDUCATION REPRESENTATIVE |  |  |  |
| 12. |  | HIGHER EDUCATION INSTITUTION REPRESENTATIVE |  |  |  |
| 13. |  | OTHER |  |  |  |

**NB: Attach Curriculum Meeting Attendance Register in the QCTO prescribed format**

## Comments

…

## Quality partner declaration:

I, …(Name and Surname - Quality Partner Representative), declare that the information provided above is an accurate reflection of the proceedings of the scoping meeting as detailed in this report.

Signed on this … day of … 20 … at …

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Quality Partner Representative)

Witness 1 Name : Witness 1. Signature

… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness 2. Name : Witness Signature

… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_